



10/506696

Serial No. 10/506,696
Filed: September 3, 2004

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Combined Declaration

Our Reference: SPM-379-A

COMBINED DECLARATION AND POWER OF ATTORNEY

DECLARATION:

As a below named inventor, I hereby declare that:
My residence, post office address and citizenship are as stated below next to my name.
I believe I am the original, first and sole inventor (if only one name is listed below) or an original,
first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which
a patent is sought on the invention entitled:

**ELECTRODE ELEMENT FOR PLASMA TORCHES
AND A METHOD FOR THE PRODUCTION OF SAME**

the specification of which (check only one item below):

☐ is attached hereto.☐ was filed as United States application Serial No. _____ on _____, and was
amended on or through _____ (if applicable).☒ was filed as PCT international application Number PCT/DE03/00763 on March 5, 2003, and
was amended under PCT Article 19 on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified
specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title
37, Code of Federal Regulations, §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, §119(a)-(d) or §365(b) of
any foreign application(s) for patent or inventor's certificate or §365(a) of any PCT international application(s)
which designated at least one country other than the United States of America, listed below and have also
identified below, by checking the box, any foreign application for patent or inventor's certificate, or PCT
international application(s) having a filing date before that of the application on which priority is claimed:

Prior Foreign/PCT Application(s) and any Priority Claims Under 35 U.S.C. §119:

Priority Claimed

<u>102 10 421.2</u>	<u>Germany</u>	<u>6 March 2002</u>
(Number)	(Country)	(Day/Mo/Yr Filed)
_____	_____	_____
(Number)	(Country)	(Day/Mo/Yr Filed)

<input checked="" type="checkbox"/>	<input type="checkbox"/>
Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
Yes	No

I hereby claim the benefit under 35 U.S.C. §119(e) of any United States provisional application(s)
listed below.

Priority Claimed

_____	_____
(Application Number)	(Filing Date)
_____	_____
(Application Number)	(Filing Date)

<input type="checkbox"/>	<input type="checkbox"/>
Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
Yes	No

I hereby claim the benefit under Title 35, United States Code, §120 of any United States
application(s) or §365(c) of any PCT international application(s) designating the United States of America,
listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the
prior United States or PCT international application(s) in the manner provided by the first paragraph of Title
35, United States Code, §112, I acknowledge the duty to disclose information which is material to
patentability as defined in Title 37, Code of Federal Regulations, §1.56 which became available between the
filing date of the prior application and the national or PCT international filing date of this application.

Prior U. S. Application(s) or PCT International Application(s) Designating the U.S. for Benefit Under 35 U.S.C.
§120:

_____	_____	_____
(Application Number)	(Filing Date)	(Status: patented, pending, abandoned)
_____	_____	_____
(Application Number)	(Filing Date)	(Status: patented, pending, abandoned)

POWER OF ATTORNEY:

3- I hereby appoint the following attorney(s) and/or agent(s) Andrew R. Basile, Patent Office Registration No. 24753, William M. Hanlon, Jr., Patent Office Registration No. 28422, and Thomas D. Helmholtz, Patent Office Registration No. 33181, as my attorney(s) and/or agent(s), to prosecute this application and to transact all business in the United States Patent and Trademark Office connected therewith.

Send all correspondence to: ANDREW R. BASILE
Young & Basile, P.C.
3001 West Big Beaver Road, Suite 624
Troy, Michigan 48064
Phone: (248) 649-3333

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under §1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

10- Full name of first joint inventor Volker Krink
Inventor's Signature [Signature]
Date _____ Citizenship German
Residence Friedastraße 8, 03238 Finsterwalde, Germany DEX
Post Office Address (Same as above)

11- Full name of second joint inventor Frank Laurisch
Inventor's Signature [Signature]
Date _____ Citizenship German
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Post Office Address (Same as above)

Full name of third joint inventor Wolfram Möhler
Inventor's Signature _____
Date _____ Citizenship German
Residence Goldbachweg 13d, 09599 Freiberg, Germany
Post Office Address (Same as above)

Full name of fourth joint inventor Gerd Lotze
Inventor's Signature _____
Date _____ Citizenship German
Residence Liebigstraße 12, 01069 Dresden, Germany
Post Office Address (Same as above)

POWER OF ATTORNEY:

I hereby appoint the following attorney(s) and/or agent(s) Andrew R. Basile, Patent Office Registration No. 24753, William M. Hanlon, Jr., Patent Office Registration No. 28422, and Thomas D. Helmholdt, Patent Office Registration No. 33181 as my attorney(s) and/or agent(s), to prosecute this application and to transact all business in the United States Patent and Trademark Office connected therewith.

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Full name of first joint inventor Volker Krink

Inventor's Signature _____

Date _____ Citizenship German

Residence Friedastraße 8, 03238 Finsterwalde, Germany

Post Office Address (Same as above)

**PLEASE SIGN
& DATE**

Full name of second joint inventor Frank Laurisch

Inventor's Signature _____

Date _____ Citizenship German

Residence Krimhildstraße 2A, 03238 Finsterwalde, Germany

Post Office Address (Same as above)

**PLEASE SIGN
& DATE**

Full name of third joint inventor Wolfram Möhler

Inventor's Signature *W. Möhler*

Date _____ Citizenship German

Residence Goldbachweg 13d, 09599 Freiberg, Germany DEX

Post Office Address (Same as above)

**PLEASE SIGN
& DATE**

Full name of fourth joint inventor Gerd Lotze

Inventor's Signature *Gerd Lotze*

Date _____ Citizenship German

Residence Gustav-Adolf-Str. 6, 01219 Dresden
Liebigstraße 12, 01069 Dresden, Germany

Post Office Address (Same as above)

**PLEASE SIGN
& DATE**

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Full name of first joint inventor Volker Krink

Inventor's Signature _____

Date _____ Citizenship German

Residence Friedastraße 8, 03238 Finsterwalde, Germany

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PLEASE SIGN
& DATE

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Date _____ Citizenship German

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& DATE

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Inventor's Signature _____

Date _____ Citizenship German

Residence Goldbachweg 13d, 09599 Freiberg, Germany

Post Office Address (Same as above)

PLEASE SIGN
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Full name of fourth joint inventor Gerd Lotze

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Residence Gustav-Adolf-Str. 6, 01219 Dresden
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